

County: Clark  
CLARK COUNTY HEALTH CARE CENTER  
W4266 STREET, HIGHWAY 29

Facility ID: 2210

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OWEN 54460 Phone:(715) 229-2172  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 180  
Total Licensed Bed Capacity (12/31/02): 187  
Number of Residents on 12/31/02: 170

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 169

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			25.9
Supp. Home Care-Personal Care	No						More Than 4 Years			38.8
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	15.9				35.3
Day Services	No		Mental Illness (Org./Psy)	40.6	65 - 74	20.6				-----
Respite Care	No		Mental Illness (Other)	14.7	75 - 84	34.1				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	27.6	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	2.4	95 & Over	1.8	Full-Time Equivalent			
Congregate Meals	No		Cancer	8.8		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	11.8		100.0	(12/31/02)			
Other Meals	Yes		Cardiovascular	7.1	65 & Over	84.1	-----			
Transportation	No		Cerebrovascular	5.9		-----	RNs			8.0
Referral Service	No		Diabetes	3.5	Sex	%	LPNs			5.9
Other Services	No		Respiratory	5.3		-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	0.0	Male	47.6	Aides, & Orderlies			
Mentally Ill	Yes			-----	Female	52.4				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	Yes					100.0				

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	1	8.3	291			5	3.6	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	3.5
Skilled Care	11	91.7	268			105	76.6	113	0	0.0	0	19	90.5	129	0	0.0	0	0	0.0	0	135	79.4
Intermediate	---	---	---			27	19.7	94	0	0.0	0	2	9.5	90	0	0.0	0	0	0.0	0	29	17.1
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0				137	100.0		0	0.0		21	100.0		0	0.0		0	0.0		170	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing Assistance of		% Totally		Total	
Private Home/No Home Health	10.5	Daily Living (ADL)	% Independent	One Or Two Staff		Dependent		Number of Residents	
Private Home/With Home Health	8.4	Bathing	16.5	45.3		38.2		170	
Other Nursing Homes	24.5	Dressing	27.6	34.7		37.6		170	
Acute Care Hospitals	53.8	Transferring	46.5	30.0		23.5		170	
Psych. Hosp.-MR/DD Facilities	0.7	Toilet Use	32.4	32.4		35.3		170	
Rehabilitation Hospitals	1.4	Eating	38.2	40.6		21.2		170	
Other Locations	0.7	*****							
Total Number of Admissions	143	Continence		% Special Treatments				%	
Percent Discharges To:		Indwelling Or External Catheter	4.7	Receiving Respiratory Care				1.8	
Private Home/No Home Health	28.2	Occ/Freq. Incontinent of Bladder	44.1	Receiving Tracheostomy Care				0.0	
Private Home/With Home Health	28.9	Occ/Freq. Incontinent of Bowel	23.5	Receiving Suctioning				0.0	
Other Nursing Homes	7.0			Receiving Ostomy Care				0.6	
Acute Care Hospitals	8.5	Mobility		Receiving Tube Feeding				2.9	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.3	Receiving Mechanically Altered Diets				16.5	
Rehabilitation Hospitals	0.0								
Other Locations	2.1	Skin Care		Other Resident Characteristics					
Deaths	25.4	With Pressure Sores	1.2	Have Advance Directives				61.8	
Total Number of Discharges		With Rashes	1.8	Medications					
(Including Deaths)	142			Receiving Psychoactive Drugs				44.1	

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		This Facility	Ownership: Government		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		90.0	86.3	1.04	82.4	1.09	83.3	1.08	85.1 1.06
Current Residents from In-County		55.9	75.8	0.74	79.0	0.71	75.8	0.74	76.6 0.73
Admissions from In-County, Still Residing		23.8	27.1	0.88	21.3	1.12	22.0	1.08	20.3 1.17
Admissions/Average Daily Census		84.6	96.4	0.88	130.4	0.65	118.1	0.72	133.4 0.63
Discharges/Average Daily Census		84.0	98.7	0.85	132.8	0.63	120.6	0.70	135.3 0.62
Discharges To Private Residence/Average Daily Census		47.9	41.6	1.15	58.2	0.82	49.9	0.96	56.6 0.85
Residents Receiving Skilled Care		82.9	91.9	0.90	93.4	0.89	93.5	0.89	86.3 0.96
Residents Aged 65 and Older		84.1	87.8	0.96	94.2	0.89	93.8	0.90	87.7 0.96
Title 19 (Medicaid) Funded Residents		80.6	67.7	1.19	73.9	1.09	70.5	1.14	67.5 1.19
Private Pay Funded Residents		12.4	19.7	0.63	17.0	0.73	19.3	0.64	21.0 0.59
Developmentally Disabled Residents		0.0	0.6	0.00	0.8	0.00	0.7	0.00	7.1 0.00
Mentally Ill Residents		55.3	47.5	1.17	34.5	1.60	37.7	1.47	33.3 1.66
General Medical Service Residents		0.0	15.9	0.00	19.0	0.00	18.1	0.00	20.5 0.00
Impaired ADL (Mean)		49.8	47.8	1.04	48.0	1.04	47.5	1.05	49.3 1.01
Psychological Problems		44.1	56.9	0.78	51.4	0.86	52.9	0.83	54.0 0.82
Nursing Care Required (Mean)		3.1	5.9	0.52	6.8	0.45	6.8	0.46	7.2 0.43